



DELAWARE LIMITED GOVERNMENTAL NOTARY PUBLIC APPLICATION

Notaries Public are appointed by the Governor pursuant to 29 Del. C. Chapter 43. The requirements are found at http://notary.delaware.gov/services/limit_gov_instru.shtml. Please read the requirements before completing the application. Your application will not be accepted unless **ALL** areas are completed. Please list the applicant name exactly as it should appear on the Notary Commission. **Note:** An initial is acceptable for *either* the first or middle name (not both) in lieu of the full name.

PLEASE PRINT OR TYPE

(Select one:) Miss Mrs. Ms. Mr.

Name of applicant _____ Birthdate: _____
(First/Middle/Last) (Month/Day/Year)

Home Address _____
(Street.) (City) (State) (Zip) (County)

If you have ever been convicted of a crime (*except for minor traffic violations*), please list offense, date, and state.

Important: Persons who have been convicted of a felony and persons convicted of any crime involving dishonesty or moral turpitude who have not received a restoration of rights are ineligible for a Delaware Notary Public Commission.

Delaware resident non-resident, State of _____

State of Delaware Agency or Police Agency Information

Agency Name: _____

Agency Address _____

City _____ State _____ Zip _____ Telephone _____

Important: This application form must be accompanied by the employer approval form.

Note: Notary Public Commissions under this category expire upon the end of the notary's employment with the State or qualified police agency and require no application fee. Notaries appointed under this category shall have no authority to perform any notarial acts except for those established by their respective agencies and cannot charge for any service rendered. The expiration date required by law to be contained on the notary seal shall be satisfied by the phrase "My Commission expires upon office".

Pursuant to 29 Del. C. Chapter 43, §4307(f), any person knowingly or willfully making any false or fraudulent statement or misrepresentation in this application shall be guilty of perjury. By signing below, I hereby certify the information contained in this application is true and correct.

Signature of Applicant

Date

(Do not write in this space) Official use only

_____ Date: _____